



## PRELIMINARY DEVELOPMENT PLAN APPLICATION

Please provide the requested information and submit to: DEVELOPMENT DEPARTMENT A 124 14035 BROADWAY

GROVE CITY, OHIO 43123

|  | 614-277-3004   | gro   | vecityohio.gov/development   |
|--|--|---|--|
| PROJECT / PROPERTY INFO  | ORMATION   |   |  |
| PROJECT NAME: COMFort  | Suites   |   |  |
| PROJECT LOCATION: 4200<br>STREET ADD   | Gantz Rd<br>RESS (OR NEAREST INTERSECTION WITH   | DISTANCE AND DIRECTION)   |  |
| PARCEL ID NUMBER: 040-004  | 536-00 AC  | REAGE AFFECTED BY THIS APPLICAT   | TION: 1.8/2  |
| EXISTING ZONING:   | excial ex  | ISTING LAND USE: MOTEL / M  | utel   |
| PROPOSED ZONING: Comm  | nercial pr   | OPOSED LAND USE:  | (Comfart Sligtes)  |
| PROPERTY OWNER INFOR   | MATION   |   |  |
| Note: Property ownership information is to  Prestige Hotels LLC  Name  931-528-0008  Phone   | reflect how the property is held in according to the control of th | cordance with the Franklin County Auditor's  4200 Cantz Z d City, State, Zi  Oll Real   | prove City, OH 43/23   |
| APPLICANT INFORMATION  |  |   |  |
| Note: The applicant is the person(s) or entity  Name  170 S Jefferson  Address  131-528-(YV)8  | Managing Title City 031-528-0  | Nember Prestice Company / Op State, Zip No. 1 (Page 1974)   | ge Hotels LLC<br>ganization<br>38501<br>ccae hotel Managemen   |
| Phone  | Fax  | Email   | ) con  |
| AUTHORIZED REPRESENT   |  |   | eck box if same as Applicant 🛛   |
| represent and make commitments on ber representative, applicant or related parties  10dd Will's  Name 12512 Wish Bank  Address  740-739-0751  Phone  Relationship to the Applicant: (e.g. legal counts)  SUBMITTAL REQUIREMENT  Instructions: All blanks/boxes must be commitments on ber representative, applicant or related parties  SUBMITTAL REQUIREMENT  Instructions: All blanks/boxes must be commitments on ber representative, applicant or related parties  12512 Wish Banks/boxes must be commitments on ber representative, applicant or related parties  Name 12512 Wish Banks/boxes must be commitments on ber representative, applicant or related parties   | Title  City  Fax  sel, engineer, architect, land planner, completed or checked in order for the  | applicant. As the authorized representative not take any responsibility for the lack of a Company / O H H30 H6  State, Zip  Email  contractor, etc.)  e application submittal to be considered contractionall include the required number of copies (processing). | Individual structures and structures and structures and structures and structures are structured and structures and structures are structured as a structure of the structure of the structures are structured as a structure of the structure of th |
| all required supplementary documentation attached supplemental requirements.   | n. Submitted materials shall be accu   | rate, measurable and shall address all requ   | ired checklist items contained within the  |
| and an experience of the second of the secon | Fee Calculation  | Submittal It  | ems (check box)  |
| Application Fee:   | \$ 300.00150.00  | Total Submittal Fee:  | =\$1,880.00  |
| Engineering Review Fee:  | +\$1580.00   |   |  |

Revised 11/15

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| Submittal Fee (including engineer review fe  | 50  | Ten (10) Copies of F                           | rians (folded and collated):  |  |
|--|---|--|---|--|
| PROPERTY OWNER AUTHORIZA   |   | UBMITTAL AND SI                                | TE VISIT(S)   |  |
| applicant Hotels bound by all representations and agree                                    |   | to s   | roperty owner hereby ubmit this application. thorized representative. | I agree to be                            |
| Additionally, as the current property ov   | wner, knowing that site v                             | isits to the property                          | may be necessary, I he  | ereby authorize                          |
| Signature of Current Property Owner:  TN Puti STATE OF OHIO, COUNTY OF FRAN                | New Jez   |  | tion.  Date: 218  | 2017                                     |
| The above individual(s), being first duly swo affidavit subscribed by him/her, knows the o |   |  |   | R MASON                                  |
| SUBSCRIBED AND SWORN TO before me  | e this <u>17 <sup>th</sup></u> day of <u>Fe</u>       | bruary   | TEN   | OF<br>NESSEE                             |
| Official Seal and Signature of Notary Public   | Expires 10.23-18                                      | j S<br>S                                       | IIII S  | JBLIC THE                                |
| Applicant's / Authorized Represen  | ntative's Affidavit                                   |  | THE TANK  | M COUNTRY                                |
| have read and understand the contents and other information submitted is com               | s of this application. The aplete and in all respects | information containe<br>true and correct, to t | the best of my knowledg   | tached exhibits le and belief.           |
| Signature of Applicant or Authorized Ro  | epresentative: <u>Bow wo</u>                          | show A. Foo                                    | (원) Date: <u>나 - 국                                 </u>               | -1/.                                     |
| STATE OF OHIO, COUNTY OF FRAN  | KLIN  | s p  |   |  |
| The above individual(s), being first duly swe affidavit subscribed by him/her, knows the   |   |  |   |  |
| SUBSCRIBED AND SWORN TO before m   | e this $24$ day of $46$                               | ovil   |   |  |
| Official Seal and Signature of Notary Public   |   |  |   | IARY HAVENER<br>ry Public, State of Ohio |
| ,  |   |  | My Com  | nission Expires 02-05-20                 |
| FOR OFFICE USE ONLY  |   |  |   |  |
| DATE RECEIVED: 4/24/17   | RECEIVED BY:  |  | PAYMENT AMOUNT:   | 880.00                                   |
| TENTATIVE PC MEETING DATE:   | PC RECOMMENDATION:                                    |  | CHECK NUMBER: /7/8  | 8  |
| PROJECT ID NUMBER:   | CITY'S REVIEW ENGINEE                                 | R:   | <del>-</del>  |  |